

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029765

FILED VS AUG 26 1959

Registration District No. 206 Primary Registration District No. 5752 Registrar's No. 43

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Twelve Mile Township		Length of stay in 1b Years	c. CITY OR TOWN Rural 11 Mi. S. of Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 11 Mi. S. of Fredericktown		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle JACOB Last SETTLE			4. DATE OF DEATH Month August Day 17, Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1884	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Settle		13b. MOTHER'S MAIDEN NAME Sarah Graham		14. NAME OF HUSBAND OR WIFE Mary Victoria (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Emerson Settle, Zion, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Langrene of left thigh (stump) DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Diabetes Mellitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 10 days 10 yrs. 5 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 7/10/1954 to 8-19-59 and last saw him alive on 8-13-59 Death occurred at 11:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. E. Conleton, M.D.			22b. ADDRESS Farmington, Missouri		22c. DATE SIGNED 8/18/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/19/59	23c. NAME OF CEMETERY OR CREMATORY Settle Cemetery	23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. GENERAL DIRECTOR V. Adamson		ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 8-19-1959	26. REGISTRAR'S SIGNATURE Lawrence Hicks	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATE HEALTH DEPT.
BUREAU OF HEALTH
FREDERICK, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *F. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICK TO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.